

2886



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Robert W. Allington, et al.)	Patent Application
)	
Serial No:	10/082,710)	Examiner: D. Rogers
)	
Filed :	February 25, 2002)	Group Art Unit: 2856
)	
For :	LIQUID CHROMATOGRAPHIC METHOD AND SYSTEM)	Date: April 26, 2004
)	

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the non-final Office action mailed January 28, 2004, in the above-identified case, please amend this application as follows:



Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/092,710
Filing Date	February 25, 2002
First Named Inventor	Robert W. Allington
Art Unit	2656
Examiner Name	D. Rogers
Attorney Docket Number	18-587-9-1

Total Number of Pages in This Submission **22**

ENCLOSURES

(Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) 2 sheets <input checked="" type="checkbox"/> Replacement Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): stamped, self-addressed postcard receipt
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Vincent L. Carney Attorney for Applicant	
Signature	<i>Vincent L. Carney</i>	
Date	April 26, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Vincent L. Carney	
Signature	<i>Vincent L. Carney</i>	Date April 26, 2004

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